



Roosevelt Island Operating Corporation Co-Ed 3v3 Teen Basketball Tournament Registration

* This form will record your name, please fill your name.

1. Player First Name

2. Player Last Name

3. Date of Birth



4. Player Age

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

☐ 18

5. Gender

☐ Woman

☐ Man

☐ Prefer not to say

☐ Other

6. Are you registering with a team?

☐ Yes, I am registering with a team

☐ No, I am registering as a free agent

7. If you are registering with a team, what is your team name?
(inappropriate names will be removed)

8. Are you a Roosevelt Island Resident?

☐ Yes

☐ No

9. Phone Number

10. Email Address

11. Parent/Guardian Full Name

12. Parent/Guardian Phone Number

13. Parent/Guardian Email Address

14. Will your Parent/Guardian also be your emergency contact?

☐ Yes

☐ No

15. If no, please list the full name of your emergency contact, their relationship to you, and their phone number.

16. I understand that at the Sportspark Athletic Complex, I may be photographed and that the Roosevelt Island Operating Corporation (RIOCC) may take photos and/or videos of participants during activities and events ("Content") for use in educational or promotional materials in print, multimedia, or web form, among other platforms. I further understand that all Content shall become the sole property of RIOCC for the above-stated purpose.

☐ I DO grant permission for the use of my (or my child's) photo/video.

17. Parent/Guardian Signature (Player signature if 18)

18. I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY AND ALL ACTIVITIES ASSOCIATED WITH THE ROOSEVELT ISLAND SPORTSPARK ATHLETIC COMPLEX. The risks also include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, actions of the people including, but not limited to, participants, coaches, facility officials, and complex monitors, and/or procedures of the Sportspark Athletic Complex, and lack of hydration.

I understand that participating in activities at the Sportspark Athletic Complex is a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss.

I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possible liability without fault.

I certify that I am physically fit and have not been advised otherwise by a qualified medical professional.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the Roosevelt Island Operating Corporation (RIOC), in which I may participate and that it will govern my actions and responsibilities. In consideration of my application and permitting me to utilize the facilities in the Sportspark Athletic Complex, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, the following entities or persons: Roosevelt Island Operating Corporation of the State of New York, the Empire State Development Corporation, the Division of Housing and Community Renewal, the State of New York, and the City of New York, their directors, officers, employees, volunteers, representatives, and agents, the Event holder, Event sponsor; and Event staff and volunteers (collectively "Releases"); and (B) Indemnify and Hold Harmless the Releases from any and all liabilities or claims made as result of participation in any activity in the Sportspark Athletic Complex, whether caused by the negligence of Releases or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during any activity in the Sportspark Athletic Complex.

The Accident Waiver and Release of Liability shall be construed broadly to

19. Parent/Guardian Signature (Player signature if 18)

☐ Yes, I CERTIFY THAT I HAVE FULLY READ THIS DOCUMENT AND UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN AT MY OWN FREE WILL